

CLAIMS ONLY							SERIAL NO. _____	FILING DATE _____				
APPLICANT(S) _____												
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1									
2	1		1									
3	1		1									
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50												
TOTAL IND.	10	↓	10	↓		↓						↓
TOTAL DEP.	5	↓	6	↓		↓						↓
TOTAL CLAIMS	15		16									
TOTAL IND.		↓		↓		↓						↓
TOTAL DEP.		↓		↓		↓						↓
TOTAL CLAIMS												

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS